

7/3/02 7/10/02 7/16/02
1:00 10:00 2:00

01-363500 90

ISSUE DATE: 7/2/02
APPROVAL DATE: 7/11/02

PERMIT INDEXED

P 517344
A 59915-R

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd., Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Monticello LOT NUMBER: 16

ADDRESS: 1766 Oakdale Drive PROPERTY OWNER: D.R. Horton Builders

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the front right lot corner, place the distribution box 135' down the right lot line and 90' off the right lot line. Run (4) trenches on contour in both directions as shown on plan.
NOTES:	

PLANS APPROVED: MER ON SRU 8/30/01 DATE: 8/21/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

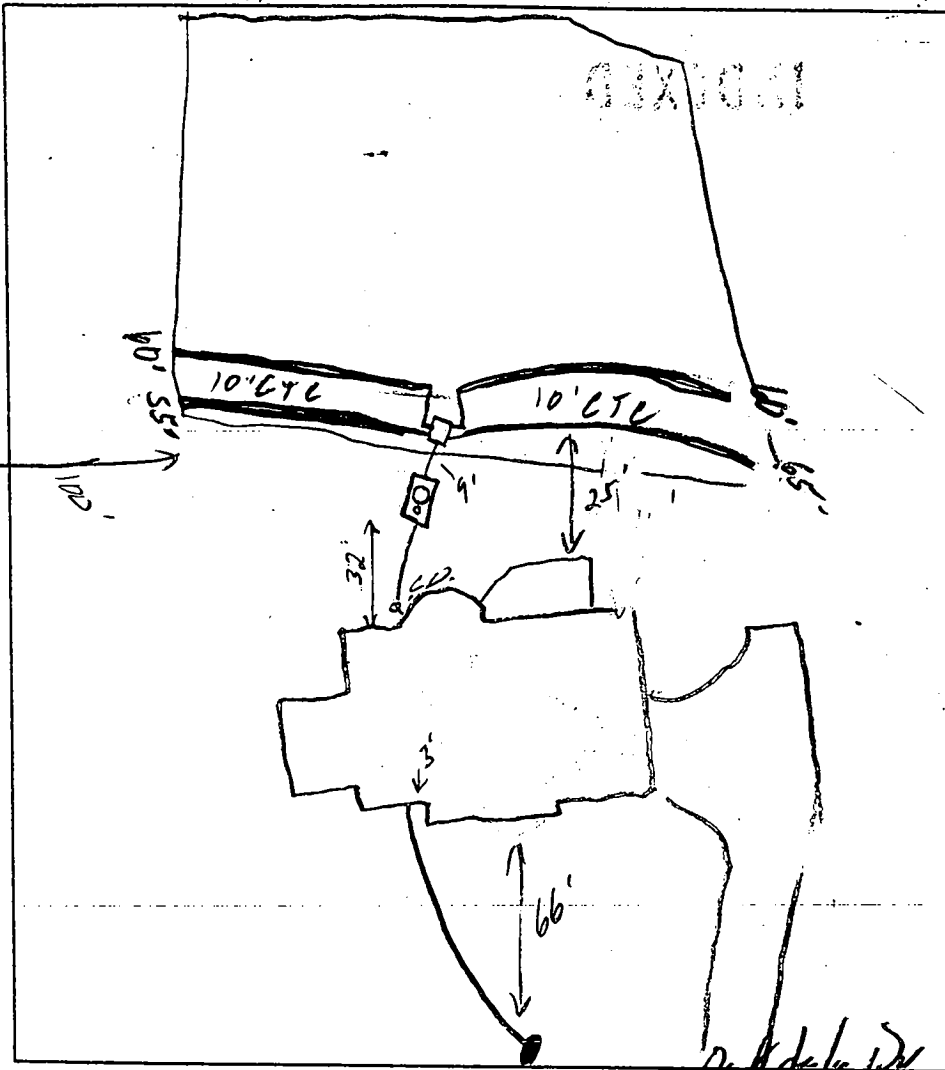
BUILDING PERMIT SIGNED 10-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED 8-22-02

00 138110-DECK

A59915-R

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 4'
 TRENCH BOTTOM DEPTH 6'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 7204
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
 MANHOLE RISER Center 2'
 6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS M/A
 MANHOLE RISER M/A
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 7/3/02 No one here, lot staked (SO)

7/10/02 Layout per B.P. SO.

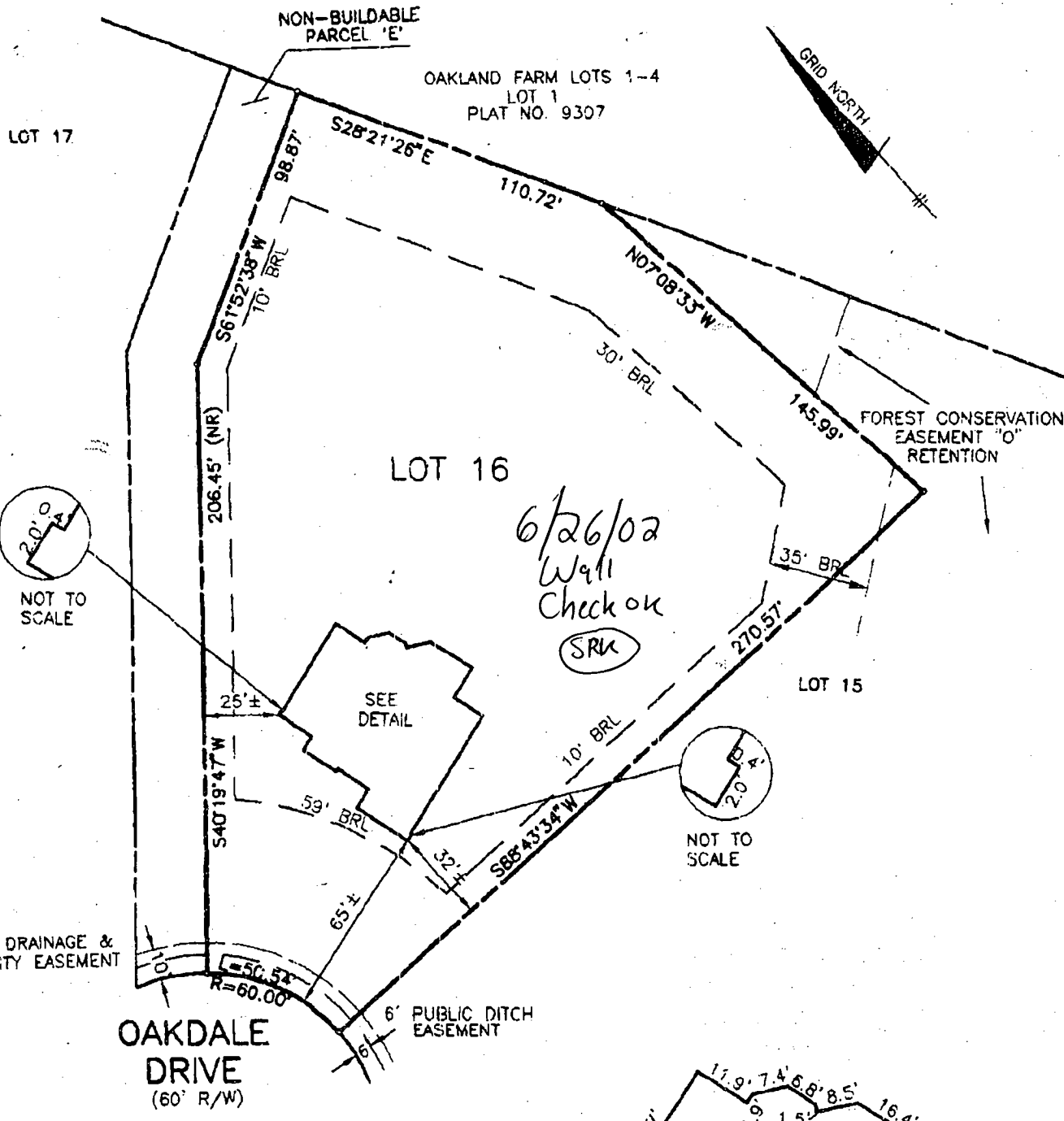
INSPECTION COMMENTS: 7/11/02 OK to cover all work (SO)

BUILDING PERMIT SIGNED

AND RETURNED

INSPECTOR [Signature]

DATE SYSTEM APPROVED 7/11/02



10' DRAINAGE & UTILITY EASEMENT

6' PUBLIC DITCH EASEMENT

OAKDALE DRIVE (60' R/W)

FIRST FLOOR ELEVATION = 579.7'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

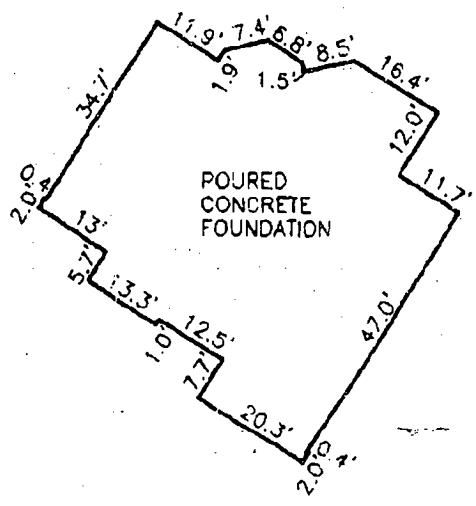
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 05/21/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "MONTICELLO LOTS 1 THRU 50", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 14089.

David M. Harris
 DAVID M. HARRIS
 REGISTERED PROFESSIONAL LAND SURVEYOR
 MD REG. No. 10978
 FOR BENCHMARK ENGINEERING, INC.
 MD REG. No. 351
 RECORD PLAT No. 14089
 FEMA FIRM No. 240044 0009 B
 ZONE: C
 DATED: 12/04/86

BENCHMARK
ENGINEERING, INC.

8450 BALTIMORE NATIONAL PIKE & SUITE 415
 ELIJAH CITY, MARYLAND 21043
 phone: 410-463-8108 A fax: 410-463-0844
 email: Benchmark@Bede.com



FOUNDATION DETAIL

SCALE: 1" = 30'

WALL CHECK
MONTICELLO
LOTS 1 THRU 50
LOT No. 16

1766 OAKDALE DRIVE
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 05/21/02

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylkesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: D.R. Horton Telephone #: 301-674-4922
Subdivision: Monticello Lot #: 16 Well Tag #: HO-94-2177
Site Address: 1762 Cardale Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Cowles Make: Campbell Two piece watertight cap: yes
Model #: 75805 Model#: Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 42' (36" min) Cap secured to casing: no
Well Yield: 20 GPM NSF/WSC approved: yes Conduit min 18" B.C.: yes
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.5.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing n/a

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: yes
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton Date: 7-22-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 7/1/02 Inspector: (50) SRK
Inspection Data: Pitless adapter watertight & water supply line at least 30" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 9679

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER

ST/CO USE ONLY. DATE RECEIVED

DATE WELL COMPLETED 6 7 99

DEPTH OF WELL 225 (TO NEAREST FOOT) PERMIT NO. HO 94 2177

OWNER HIGHLAND Development STREET OR RFD Street A TOWN GLENWOOD SUBDIVISION KNAPP Property SECTION LOT 16

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Sand and Gray Granite.

GROUTING RECORD form including fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, and DEPTH OF GROUT SEAL.

CASING RECORD form including fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, and Total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form including fields for screen type or open hole, and screen diameter.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y), NO (N).

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MSD024. DRILLERS SIGNATURE: Joseph L. Mayne. LIC. NO. 1 D.

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

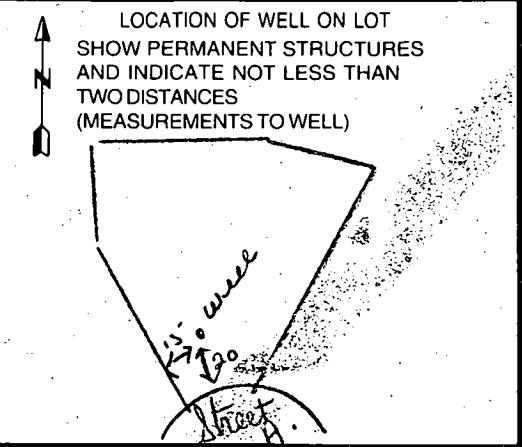
DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-36, 38-51) and corresponding casing diameters.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) including fields for TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.

PUMPING TEST form including fields for HOURS PUMPED (3), PUMPING RATE (20), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (48 ft before, 58 ft when pumping), and TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form including fields for DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, and PUMP COLUMN LENGTH.



B 1 **7472**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-2177
70 fill in this form completely 79

Date Received (APA)
030899

OWNER INFORMATION

Highland Development
Last Name Owner First Name
P.O. Box 228
Street or RFD
Clarksville Md. 21029
Town State Zip

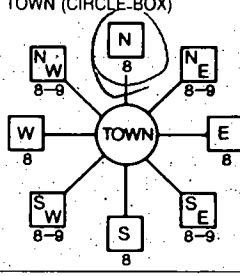
B 3 **Howard** LOCATION OF WELL

8 COUNTY **Howard** 21
23 SUBDIVISION **Knapp Property** 42
SECTION **16** LOT **16**
44 46 48 50
Glenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **3** M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Maure M S D O 24
Driller's Name License No. 76 81
Joseph L. Maure Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy Md. 21771
Address
Joseph L. Maure 3/8/99
Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)



Street A
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) EAST (E) SOUTH (S)
34 **20** 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

TAX MAP: _____ BLK: _____ PARCEL: _____

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **13** COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED **03/10/99** **Chapin** **03/09/00**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **544** 0.00 EAST GRID **0798** 0.00
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

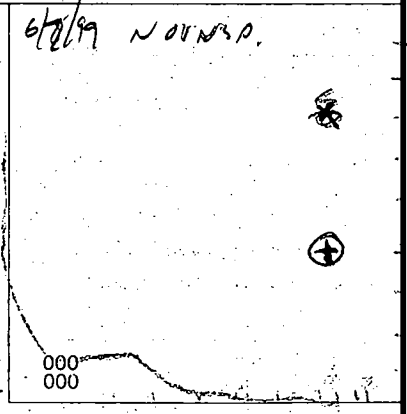
- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REverse-ROTary Drive-POINT
- other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

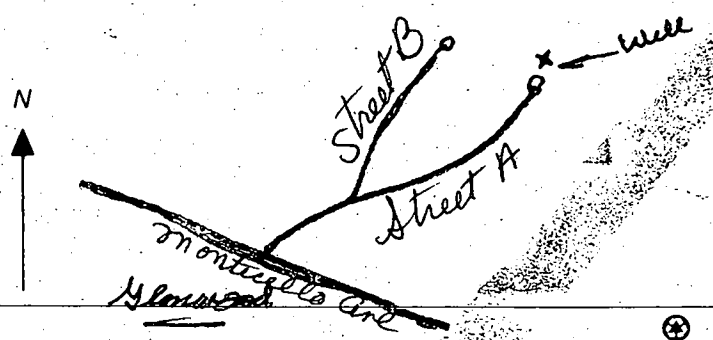
- SOURCES OF DRILLING WATER
1. **Well**
 - 2.
 - 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **798**
N **5404**



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEAN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 _____ 63
PERMIT No. **HO-94-2177**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

APPLICATION

4/21/98 - 4/28
5/19/98 - 5/22

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

56 LOTS
EXISTING HOUSE(S) - WELLS - 5607165
TO BE PERMITTED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
DATE 4/3/98
DISTRICT _____
A 59915
P _____
will PROBABLY SUBMIT
FEES &
IMPROVED PLAN/
APPLICATION (CW)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 8480 BELLEME NOT. PIKE PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. _____

ROAD AND DESCRIPTION M

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature] SECURITY DIV.
(SIGNATURE OF APPLICANT)
STEVE SHIPPE - TSA

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

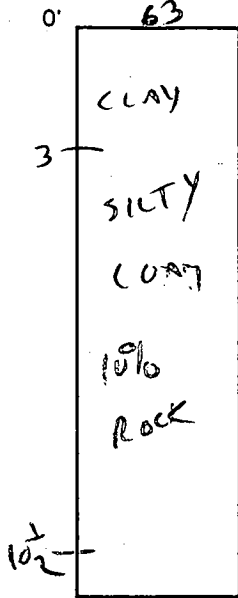
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

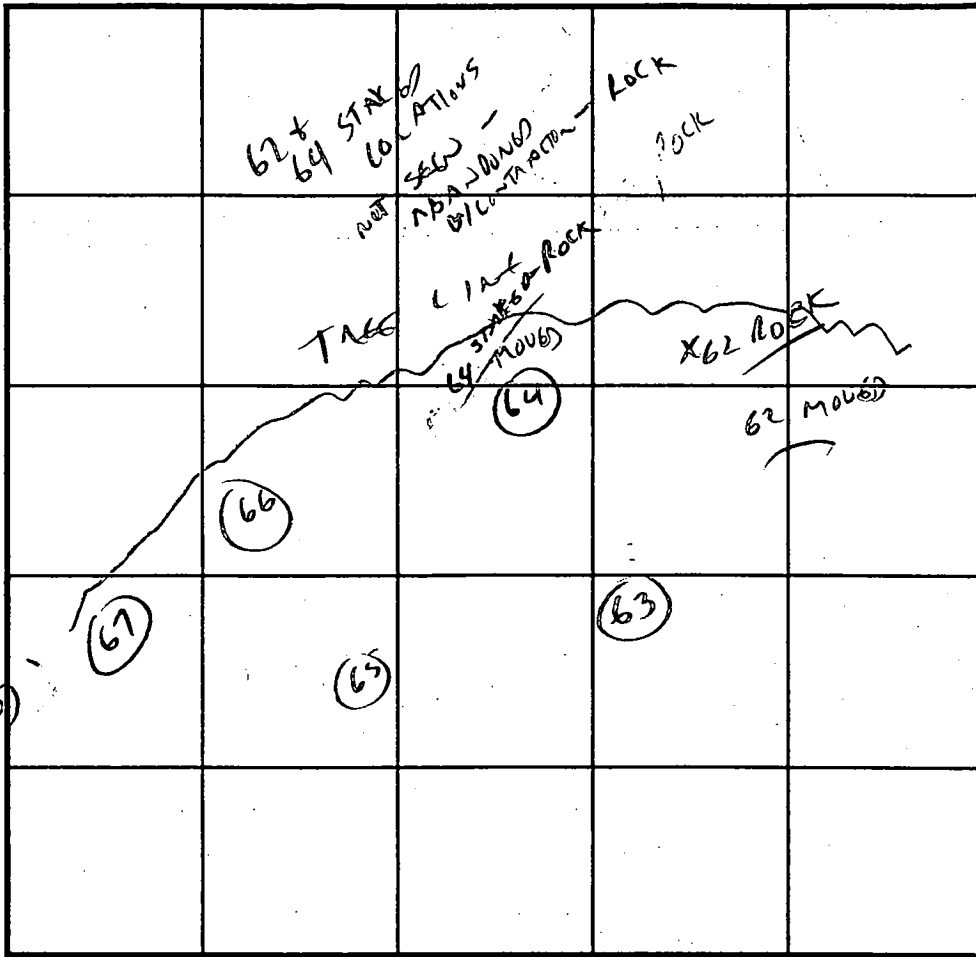
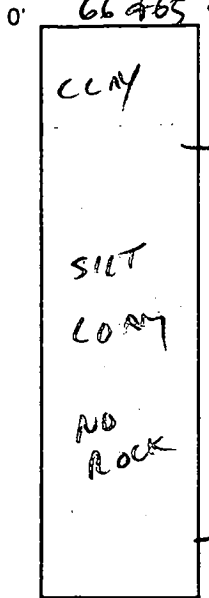
A59914/5
COUNTY #

KNAPP SUBD.

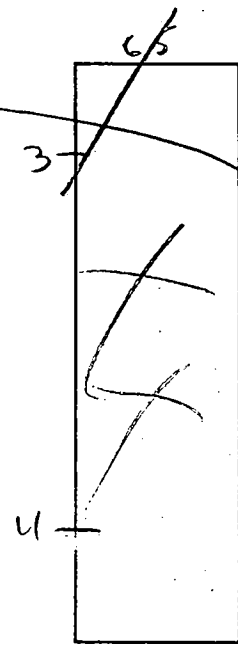
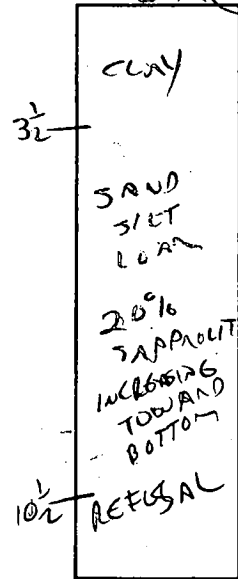
SOIL PROFILE 63



SOIL PROFILE 66 65 67



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/24/98	63	4 1/2	2:48	2:58	2:58	slow, BUT	CLOSE ✓	
		✓ VISOK (9) 5'				OK @ 5'	✓	
	64	4	2:50	2:57	2:57	3:03	6 MIN 27 ✓	
		QUESTIONABLE - ROCK - DESIGN UPHILL AS POSSIBLE						✓
	65	4	3:00	3:01	3:01	3:03	3 MIN ✓	
	66	5	3:01	3:03	3:03	3:06	3 MIN ✓	
	67	4	3:03	3:04	3:04	3:05	2 MIN ✓	

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Cwell ALSO PRESENT SPERRY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM _____

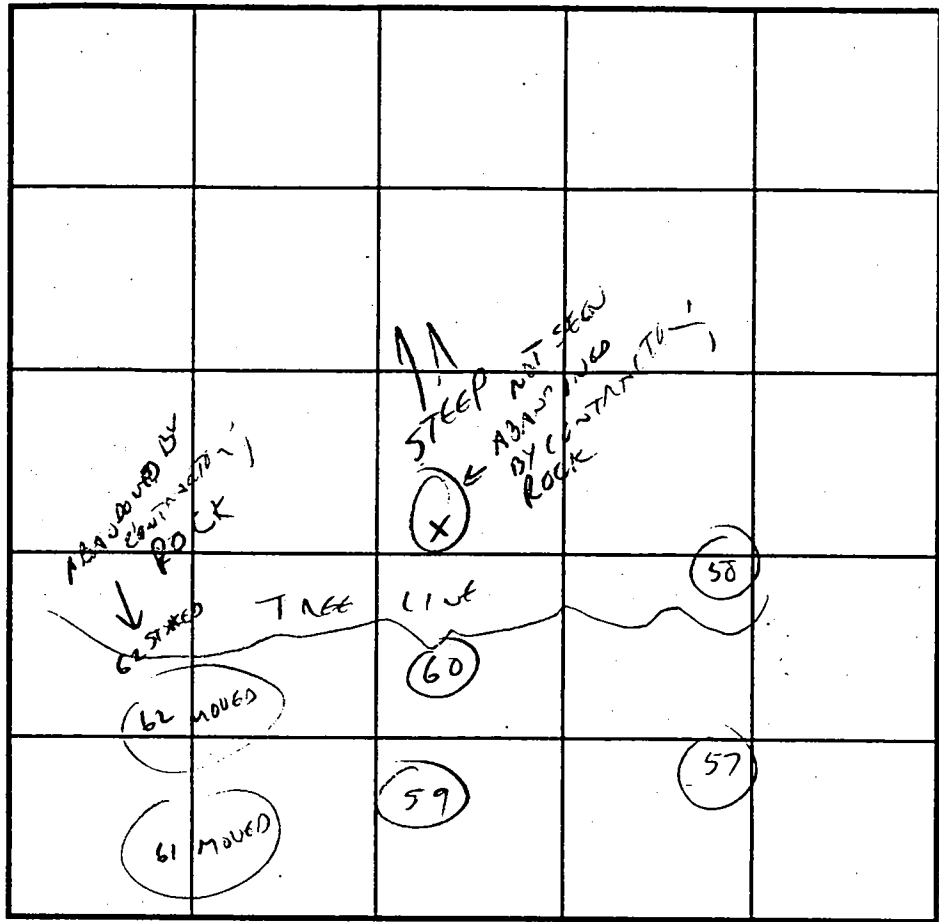
AS9914/5
COUNTY#

KNAPP SUBD.

SOIL PROFILE
57
0'
CLAY
3'
CLAY
SILT
5'
SILT
LOAM

60
CLAY/
3'
SANDY
CLAY
7'
SANDY
SILT
10 1/2'

59 (MOVED)
3'
CLAY
SILT
LOAM
10'
SANDY
SILT

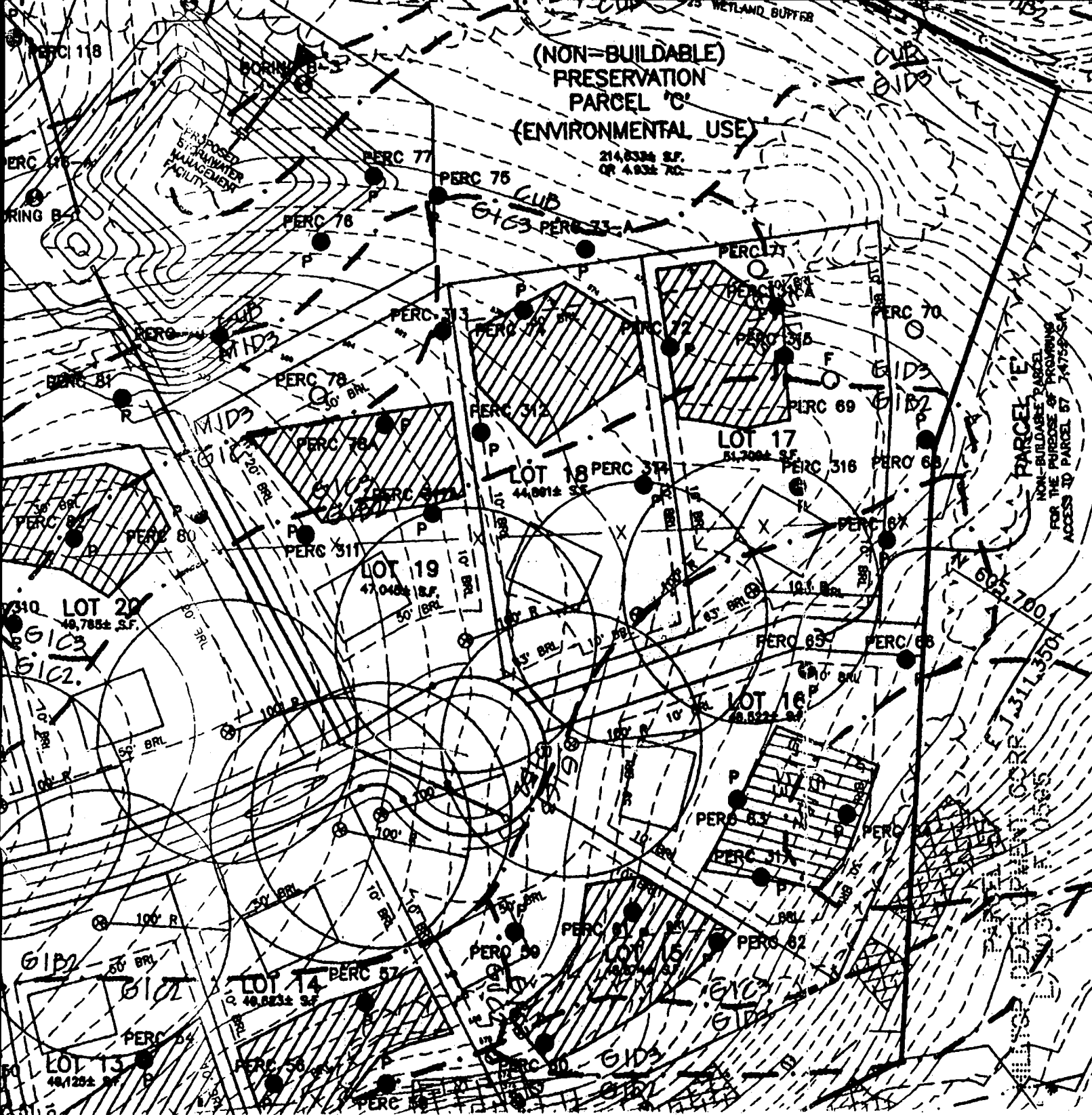


SOIL PROFILE
62 MOVED
0'
CLAY
3 1/2'
SILT
LOAM
10%
SANDY
SILT
10 1/2'


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/24/98	57	4	2:35	2:37	2:37	2:39	2 MW	
	60	5	2:37	2:41	2:41	2:45	4 MW	
	59	3 1/2	2:40	2:42	2:42	2:45	3 MW	
	61	(MOVED) (PHILLIP'S STARKS) VIS OK 3-10'						
	62	5	2:46	2:51	2:51	3:02	11 MW	
	(MOVED)							

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY C. Wellen ALSO PRESENT SPERRY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____







GENERAL NOTES:

1. ALL SHOWN HOUSE SITES COMPLY WITH RESTRICTION REGULATIONS.
2. THE LOTS SHOWN HEREON COMPLY WITH WIDTH AND LOT AREAS AS REQUIRED BY DEPARTMENT OF THE ENVIRONMENT.
3.  THIS AREA DESIGNATES A PRESERVATION PARCEL OF 10,000 SQUARE FEET AS REQUIRED BY DEPARTMENT OF THE ENVIRONMENT FOR DISPOSAL OF IMPROVEMENTS OF ANY KIND RESTRICTED UNTIL PUBLIC SEWER IS INSTALLED. THE COUNTY ENGINEER HAS THE AUTHORITY TO GRANT VARIANCES FROM THE PRIVATE SEWERAGE EASEMENT. A SEWERAGE EASEMENT PLAT SHALL BE FILED WITH THIS PLAT.
4. EXISTING WELLS AND/OR SEWERAGE LINES 100 FEET OF THE PROPERTY HAVE BEEN LOCATED FROM THE BEST AVAILABLE INFORMATION.
5. GROUND WATER APPROPRIATION PERMITS OBTAINED PRIOR TO PLAT RECORDATION.
6. TOPOGRAPHY SHOWN WAS PURCHASED FROM THE GEOGRAPHICAL INFORMATION SYSTEMS DIVISION OF THE COUNTY ENGINEER'S OFFICE.
7. ALL WELLS SHALL BE DRILLED PRIOR TO RECORDATION OF THIS PLAT.

NOTE:
 THIS PLAN IS BEING APPROVED FOR FINAL PERC LAYOUT ON LOT 17 PRIOR TO RECORDATION OF THIS PLAT.

LEGEND

-  PROPOSED WELL LOCATION
-  PERC 90 PERCOLATION TEST - F
-  PERC 119 PERCOLATION TEST - P
-  PROPOSED HOUSE LOCATION

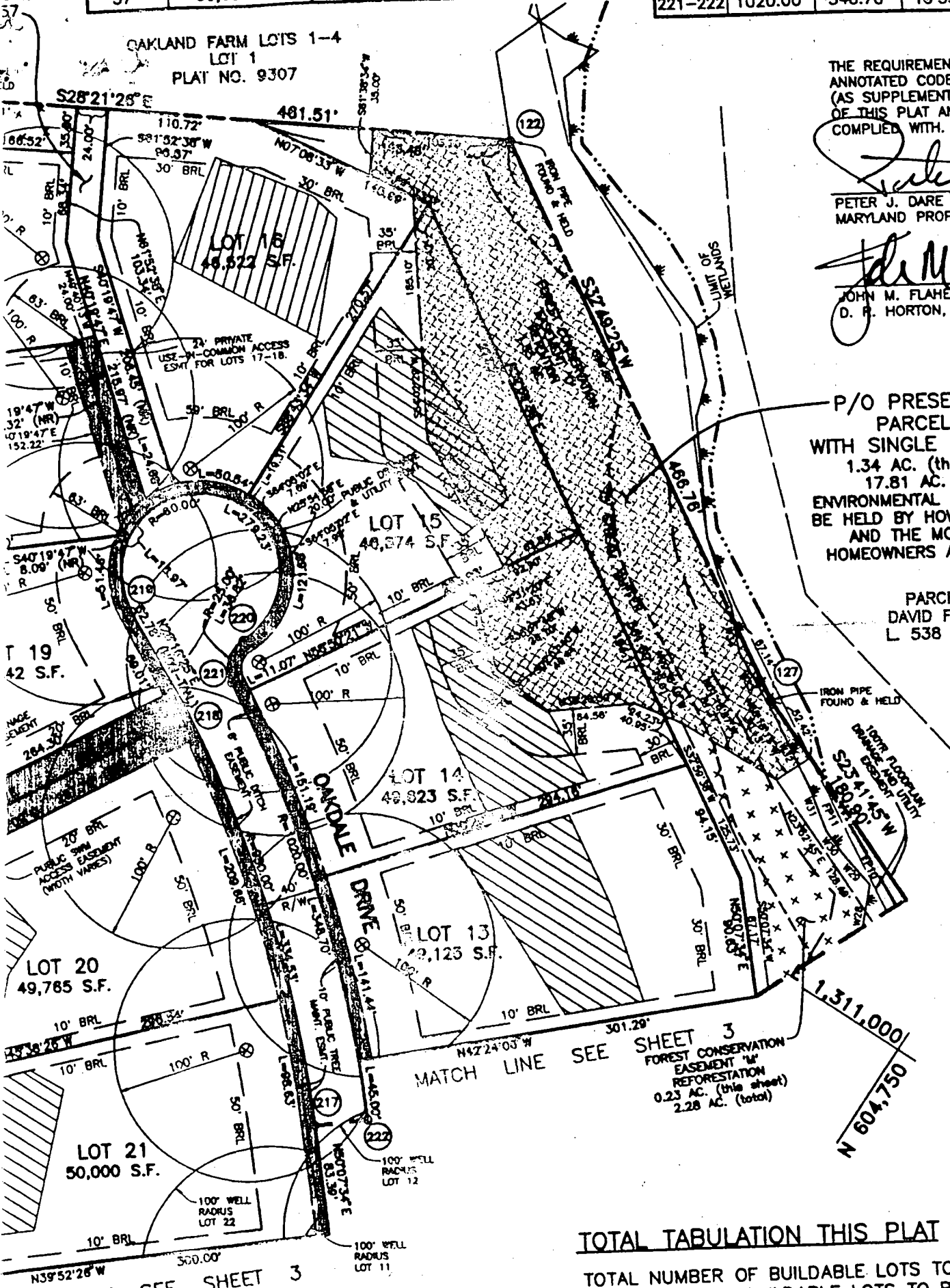
10-69-95

OKLAND FARM LOTS 1-4
LOT 1
PLAT NO. 9307

THE REQUIREMENTS § 3-108, THE ANNOTATED CODE OF MARYLAND, 19E (AS SUPPLEMENTED) AS FAR AS THE SETTING OF THIS PLAT AND THE SETTING OF COMPLIED WITH.

Peter J. Dare
PETER J. DARE
MARYLAND PROPERTY LINE SURVEYOR

John M. Flaherty
JOHN M. FLAHERTY, VICE PRESIDENT
D. R. HORTON, INC.



P/O PRESERVATION
PARCEL 'D'
WITH SINGLE RESIDENCE
1.34 AC. (this sheet)
17.81 AC. (total)
ENVIRONMENTAL EASEMENT TO
BE HELD BY HOWARD COUNTY
AND THE MONTICELLO
HOMEOWNERS ASSOCIATION.

PARCEL 145
DAVID F. HEALEY
L 538 F. 0397

MATCH LINE SEE SHEET 3
FOREST CONSERVATION
EASEMENT "A"
REFORESTATION
0.23 AC. (this sheet)
2.28 AC. (total)

TOTAL TABULATION THIS PLAT

- TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED
- TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED
- TOTAL NUMBER OF OPEN SPACE LOTS TO BE RECORDED
- TOTAL AREA OF OPEN SPACE LOTS TO BE RECORDED
- TOTAL NUMBER OF BUILDABLE PRES. PARCELS TO BE RECORDED
- TOTAL AREA OF BUILDABLE PRES. PARCELS TO BE RECORDED
- TOTAL NUMBER OF NON-BUILDABLE PRES. PARCELS TO BE RECORDED
- TOTAL AREA OF NON-BUILDABLE PRES. PARCELS TO BE RECORDED

OWNER/DEVELOPER:
D. R. HORTON, INC.
SUITE 230
1370 PICCARDY DRIVE
ROCKVILLE, MARYLAND 20850
410-465-4244

MATCH LINE SEE SHEET 3

